

DETERMINATION OF FINANCIAL NEED

Student Name: _____ UFID# _____

Email Address: _____ Telephone: _____

Permanent Address: _____

Major or Academic Discipline: _____

Please provide a list of your expenses for the academic year:

Tuition/Fees \$ _____

Books/Supplies \$ _____

Rent/Utilities \$ _____

Food \$ _____

Transportation \$ _____

Computer/Cell Phone \$ _____

Personal \$ _____

Miscellaneous (please list)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Expenses \$ _____

Please provide a list of your financial resources for the academic year:

Work \$ _____

Assistantship \$ _____

Fellowship \$ _____

Tuition and/or Fee Waiver \$ _____

Spouse Work \$ _____

Savings \$ _____

Family \$ _____

Government Sponsorship \$ _____

Scholarships \$ _____ (list total for all scholarships)

Grants \$ _____

Student Loans \$ _____

Other Resources (please list)

_____ \$ _____

_____ \$ _____

Total Resources \$ _____